

# **WATER EXAM APPLICATION CHECKLIST**

***HAVE YOU COMPLETED THE FOLLOWING?***

**SECTION A - PERSONAL INFORMATION** \_\_\_\_

**SECTION B - EDUCATION - HIGH SCHOOL INFORMATION** \_\_\_\_

GED INFORMATION \_\_\_\_

COLLEGE TRANSCRIPT INCLUDED (IF USED FOR POINTS) \_\_\_\_

**SECTION C - WORK HISTORY EXPERIENCE INFORMATION** \_\_\_\_

**SECTION D - TRAINING ATTENDED** \_\_\_\_

**SECTION E - PAYMENT ENCLOSED** \_\_\_\_



# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## APPLICATION FOR OPERATOR EXAMINATION

-----FOR OFFICE USE ONLY-----DO NOT WRITE IN THIS SPACE-----

I.D. # \_\_\_\_\_  
FINAL SCORE \_\_\_\_\_  
DISTRICT \_\_\_\_\_

APPLICATION VERIFIED \_\_\_\_\_  
CERTIFICATE # \_\_\_\_\_  
NOTES: \_\_\_\_\_

### WATER

**THIS FORM MUST BE COMPLETED BY THE APPLICANT AND RECEIVED BY THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT NO LATER THAN TWO WEEKS BEFORE THE DATE OF EXAMINATION. THE \$25.00 FEE MUST ACCOMPANY THE APPLICATION.**

LOCATION OF EXAMINATION: \_\_\_\_\_ DATE OF EXAMINATION: \_\_\_\_\_

CERTIFICATION CLASS APPLYING FOR: CLASS SMALL SYSTEM \_\_\_\_\_ CLASS I \_\_\_\_\_ CLASS II \_\_\_\_\_  
CLASS III \_\_\_\_\_ CLASS IV \_\_\_\_\_

***PLEASE PRINT***

#### SECTION A - PERSONAL INFORMATION

TITLE (MR.)(MRS.)(MS) \_\_\_\_\_ Applicant's e-mail address: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

TELEPHONE (WORK): \_\_\_\_\_ (HOME): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMPLOYER PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

(OVER)

**SECTION B - EDUCATION** (*Education must meet requirements of K.A.R. 28-16-30(a)(3)*)

High School Diploma: \_\_\_ Yes \_\_\_ No

GED: \_\_\_ Yes \_\_\_ No

Year: \_\_\_\_\_

<sup>1</sup> High School Attended	<sup>1</sup> City and State	<sup>1</sup> Graduation Year

<sup>1</sup>*This information must be provided or the application will be returned.*

<sup>2</sup> College or University Attended	Dates Attended	Hours or Degree Obtained

<sup>2</sup>*College Transcript Must Accompany Application***SECTION C - EXPERIENCE** (*Experience for the desired certification class must meet requirements of K.A.R. 28-16-31(a)*)**STATEMENT**I, \_\_\_\_\_ AM PRESENTLY EMPLOYED BY  
(NAME)\_\_\_\_\_ IN THE OPERATION, MAINTENANCE AND/OR  
MANAGEMENT OF THEIR WATER SUPPLY SYSTEM.**WORK HISTORY - ONLY WORK PERTAINING TO A WATER SUPPLY SYSTEM. AS PER K.A.R. 28-16-30, THIS SHALL INCLUDE ONLY THAT WORKING EXPERIENCE WHERE THE OPERATOR IS ENGAGED IN THE DAILY OPERATION, MAINTENANCE, OR BOTH, OF A WATER SUPPLY SYSTEM.****(APPLICATION WILL NOT BE ACCEPTED IF THIS INFORMATION IS NOT PROVIDED.)**PRESENT EMPLOYER:      EMPLOYED FROM (YY/MM):      EMPLOYED TO (YY/MM):      HOURS PER WEEK:

\_\_\_\_\_

**DETAILED LIST OF DUTIES PERFORMED/NO. OF HOURS PER WEEK PERFORMING THESE DUTIES:**

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**SIGNATURE OF CONTACT FOR CURRENT  
EMPLOYMENT VERIFICATION:** \_\_\_\_\_

(NAME)

(PHONE NUMBER)

**SECTION C - EXPERIENCE (CONTINUED)**

**PREVIOUS WORK HISTORY - ONLY WORK PERTAINING TO WATER SUPPLY SYSTEM.**

PREVIOUS EMPLOYER:      EMPLOYED FROM (YY/MM):      EMPLOYED TO (YY/MM):      HOURS PER WEEK:

\_\_\_\_\_

**DETAILED LIST OF DUTIES PERFORMED/NO. OF HOURS PER WEEK PERFORMING THESE DUTIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF CONTACT FOR  
EMPLOYMENT VERIFICATION:** \_\_\_\_\_  
(NAME) (PHONE NUMBER)

**THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL LEAD TO FORFEITURE OF THE APPLICATION FEE AND A PROHIBITION FROM TAKING A WATER OPERATOR EXAMINATION FOR A PERIOD OF TWO YEARS.**

\_\_\_\_\_  
<sup>3</sup>(SIGNATURE)

\_\_\_\_\_  
(DATE)

<sup>3</sup>APPLICATION WILL NOT BE ACCEPTED WITHOUT OPERATOR SIGNATURE.

(OVER)

**SECTION D - TRAINING ATTENDED**

**WORKSHOPS, SCHOOLS & CORRESPONDENCE COURSES APPLICABLE TO THIS EXAMINATION**

**COURSE TITLE**

**LOCATION**

**DATE**

*If paying by Discover Card/Novus, please complete this form.*

**DISCOVER CARD / NOVUS PAYMENTS ONLY**

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State/ Zip Code: \_\_\_\_\_

*A 2.5% convenience fee will be assessed on this transaction to cover costs associated with acceptance of this credit card.*

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

SEND COMPLETED APPLICATION AND \$25.00 FEE

TO: TERESA SCHUYLER  
KDHE-BUREAU OF WATER  
TECHNICAL SERVICES SECTION  
1000 SW JACKSON ST., SUITE 420  
TOPEKA, KS 66612-1367

***PAYMENT MUST BE MADE PAYABLE  
TO KDHE AND MUST ACCOMPANY  
THIS APPLICATION***